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CONFIRMATION NO. 6905

SERIAL NUMBER 10/650,314	FILING OR 371(c) DATE 08/28/2003 RULE	CLASS 128	GROUP ART UNIT 3771	ATTORNEY DOCKET NO. KATZ P-101
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APPLICANTS

Harold Katz; Los Angeles, CA;

** CONTINUING DATA *****

This appln claims benefit of 60/406,466 08/28/2002

OK

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/19/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Met after Allowance			
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

28752

TITLE

Combined tongue depressor and oral spray device

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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